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EDITORIAL

INFLUENZA UP TO DATE.

A large degree of thankful appreciation should be awarded Dr. L. C. Scott of the Louisiana State Board of Health for his able and exhaustive digest of the available literature on influenza. This is published in a reprint by the Louisiana State Board of Health, in which more than three hundred references are studied and annotated.

This work of Dr. Scott will readily serve the practitioner who

has no access to so large a field of literature and it will serve to show what may have been attained in the study of the disease from the standpoints of its cause and of its treatment.

The reader will concur in the general conclusion of the vulgarizer, that "few fixed conclusions can be arrived at." It is illuminating to discover the diversity of opinion upon all phases of the disease and especially among those who sit in high places.

The fact remains that we do not know the cause of influenza and moreover there is as yet no standard treatment for the disease, which, in the pandemics in the last half century, has shown itself in protean forms. The concurrent spread of ordinary colds, breaking into various pneumonic types will continue to confuse and, as a corollary evil, will provoke a carelessness in prophylaxis and sanitation which will continue to make wholesale prevention impossible. The average individual is not timorous and until he is struck by calamity he does not anticipate it. To most laymen the early influenza symptoms, if mild, mean no more than an ordinary cold and many ambulant cases spread the disease, while the few succomb enough to be put to bed.

In the absence of a proven etiology, all attempts at vaccination have been questioned and the camps are still divided as to the use of such experimental procedures. The protagonists of vaccins and sera deal in formidable statistics, which are promptly combatted by others who have no faith in such measures. To the man in the street it seems wise to be conservative, so long as those who ought to know differ all the way from the Pfeiffer bacillus to the plague organism as the *causa morbi* in influenza.

In influenza more evil bearing microorganisms have come to light than with any other known disease and each of these has some champion.

Suffice it that the disease is still a menace uncontrolled and awaiting a true David.

From the mass of material which Dr. Scott has assembled and digested the general deductions may be drawn that rest in bed, warmth and clear emunctories are paramount. Plenty of liquids, alkalies (as the citrates) are important. Otherwise, the treatment is symptomatic. Before the pneumonia complications, the salicylates, iodides, and simple antipyretics may be indicated. Digitalis, belladonna (atropin) and strychnin are important when sup-

portive measures are demanded. Epinephrin is frequently advocated in influenzal asthenia and vasomotor disturbances.

The use of serum from influenzal convalescents and the use of transfusion and other blood injection methods are fully reviewed. In fact there is pabulum for many hours of reading and study in this admirable publication from the State Board. Aside from the degree of merit in the conception and presentation of such a work, Dr. Scott has rendered a valuable service to the medical profession, all of whom are now advised to get and read the work.

THE HOLMES CHAIR OF MEDICINE.

To the genius of Dr. Christian R. Holmes, Cincinnati owes the institution of a great hospital system and an excellent medical school, part of the University of Cincinnati. The untimely death of Dr. Holmes early in January prevented his participation in the completion of his plans, which contemplated the coordinating of all hospital provisions for the sick under the direction of the medical school. Only some of the hospital units are erected, but the plan will go on because the spirit of the initiative begun by Dr. Holmes has been instilld in those in authority and there is already enough expression of appreciation of his effort to insure the final accomplishment of his aims.

Among the first to recognize the worthiness of Dr. Holmes' achievement, the Carnegie Corporation has allotted a quarter of a million dollars to endow a chair of medicine at the University of Cincinnati in Dr. Holmes' honor. In making the announcement of this endowment, the President of the Corporation, Dr. Henry S. Pritchett, is quoted as saying: "The work which Dr. Holmes did stands alone. It deserves to be recognized in a wholly unusual way." * * * "Had Dr. Holmes been an Englishman, he would have been knighted and showered with collegiate and academic honors." * * * "The plans which he conceived and established will develop through their own greatness and make Cincinnati the very heart and home of medical research and instruction."

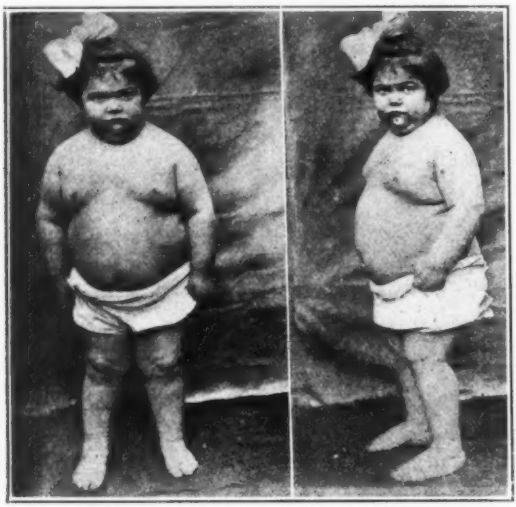
ORIGINAL ARTICLES

(No paper published or to be published in any other medical journal will be accepted for this department. All papers must be in the hands of the Editors on the tenth day of the month preceding that in which they are expected to appear. Reprints may be had at reasonable rates if a WRITTEN order for the same accompany the paper.)

PRESENTATION OF A CASE OF MIXED HYPOTHYROIDISM AND HYPOPITUITARISM.*

By ALLAN EUSTIS, M. D., and L. R. DeBUYS, M. D., New Orleans.

DR. EUSTIS: The case which I am presenting to you tonight is of great interest from the fact that she was under observation for several years by Dr. DeBuys when she presented distinct symptoms of hypothyroidism while during the past two years she has developed well defined symptoms of hypopituitarism. She is a white female, fifteen years of age, and the mental and physical



development of a child of five. Her most marked symptoms at present are: weakness, unsteady gait, obesity, dryness of the skin, lack of physical and mental development and wetting of the bed. Her coordination of muscular movements is so poor that she is unable to feed herself. Constipation has been a prominent symptom for 6 years.

* Read at Meeting Orleans Parish Medical Society, October 13, 1919. (Received for publication January 5, 1920.—Eds.)

Family History: Father alive at 50 in good health, mother alive, 60 and in good health except for stomach trouble. She has two sisters and three brothers in good health, but one brother is a deaf mute.

Previous History: She was a normal delivery and was apparently a normal child for three years, walking around with the aid of a chair or other support. At three years of age she had a severe attack of "stomach trouble," and her family state that after this attack she seemed to lose interest in what was happening around her and would sit for hours at a time without moving. She became progressively weaker in her legs and finally was unable to walk from her fifth to her tenth year, until she entered Dr. DeBuys' clinic at Touro Infirmary. She was under observation by Dr. DeBuys from 1915 to 1917, during which time she presented symptoms simulating deficient thyroid function and under thyroid therapy she grew six inches in height and was able to walk unassisted, while there was a marked improvement in her mental development. She discontinued taking any form of treatment in 1917 and has been gradually developing the present symptoms for the past two years while she has not grown at all in this time. She has had only measles and pertussis, but her constipation has been persistent since three years of age, requiring a daily enema. Her anterior fontanelle closed only two years ago, while she menstruated for the first time one month ago, associated with slight cramps but otherwise normal.

Physical Examination: The accompanying photographs best illustrate her general appearance, but I would especially call your attention to the abdominal girdle of fat, the fatty deposit of fat between the shoulders or rather at the base of the neck, and her chubby tapering fingers, while there is no hair on the pubis or in the axillæ, all definite symptoms of hypopituitarism, while the dry skin, pallor, cold integument and absence of any palpable thyroid gland point to deficiency in function of this latter gland. There is a marked depression at the site of the anterior fontanelle and, while she has a double row of teeth, dentition has been very much retarded. She has a decidedly unsteady gait and cannot walk unassisted, while she is unable to raise her feet sufficiently to step up even one step.

Lungs, spleen, liver, gall-bladder, and both kidneys are apparently normal. The heart is normal in size but the sounds are feeble, but no murmurs audible and systolic blood pressure 80 and diastolic pressure 50. Both patellar reflexes are absent, plantar reflexes sluggish and Babinski's sign negative. All voluntary movements are sluggish and it is very difficult to make her talk, although she seems to understand everything that is said to her. Her pupils are enormously dilated but react to a sudden change in light. Her weight is 81 lbs.

Urine: Acid, 1032, negative tests for sugar, albumin, urobilinogen, bile pigments, acetone and diacetic acid, great excess of indican, no casts but a few pus cells and a few erythrocytes.

Blood: Leucocytes—7,800; erythrocytes, 4,580,000, hemoglobin, 70%; color index 0.7; neutrophiles, 54; small mononuclears (lymphocytes), 45; large mononuclears, 0; eosinophiles, 0; basophiles, 0; transitional cels, 1.

This case has come under my observation only one month ago and is exhibited now, so that, in case there is any result from organotherapy, I will be able to show you the case again. I have

put her upon a capsule three times daily consisting of two grains of extract of the whole pituitary gland, one grain of extract of thyroid, and one grain of ovarian extract.

Dr. DeBuys will be able to tell you more of her early history and I hope at some future time to exhibit her to you again.

DISCUSSION.

Dr. DeBuys: This little patient was first seen by me in the out-patient department of Touro Infirmary in 1915 where she was brought for a cold from which acute condition she was relieved. She presented an unusual appearance which suggested cretinism. Her parents appreciated that she was an unusual child and were willing that something should be done for her. Until towards the end of her first year nothing unusual was noted by her parents. After this, however, they believed that instead of progressing in her development, she seemed to go backwards. Physical examination showed a child short of stature, much undersized for her age, which was eleven years; her complexion was sallow, her skin dry, her hair thin and straight; she was quite fat and had a prominent abdomen. There was no umbilical hernia and her hands were short, but her fingers tapering. As she showed so many symptoms suggestive of hypothyroidism she was at once placed on thyroid extract.

X-ray examinations were made of her bones which were found not to be characteristic of cretinism and an X-ray examination of her head also was made. There was apparently no evidence of any disturbance in the region of the pituitary gland. Her blood picture showed nothing unusual. Her Wassermann, luetin and von Pirquet were all negative.

An interesting feature which was noted in connection with the thyroid administration was that it seemed to have a direct influence upon her fat deposit, namely, the administration of thyroid resulted in the diminution in the fat deposit and a decrease in her weight; whereas, with the withholding of the thyroid extract, her fat and weight would increase.

Because of the absence of an umbilical hernia, absence of the characteristic hands of a cretin, and the negative X-ray findings, I believed the condition to be not one a cretin, but a condition in which the growth and deposit of fat might be influenced by the disturbance of another one of the endocrine glands, which had influence upon the deposit of fat.

Knowing that the anterior lobe of the pituitary gland has some similar influence as the thyroid and that a disturbance of this anterior lobe might produce some symptoms found in hypothyroidism, I determined to administer the anterior portion of the pituitary gland. As Dr. Eustis has told you, she gained both in height and development while under my tratment at Touro Infirmary. In going over her history and analysing her case, I find that the improvement and development took place after the beginning of the administration of the anterior lobe of the pituitary gland.

I believe that her condition is one primarily of the disturbance of the anterior lobe of the pituitary gland in which there is a diminished secretion, with secondarily a diminished secretion of the thyroid. I have been very much interested in this case, but lost sight of her when I went off to some of the medical meetings in the Spring of 1917 and

have not seen her since that time until to-night. I would like very much to know what the X-ray of her head will show at this time.

Dr. I. I. Lemann: I came in late and am sorry I did not have an opportunity to hear more of the paper and to see more of the child. The disturbance of the pituitary gland sometimes has some of the characteristics of those of disturbed thyroid function and it is very difficult in some cases to know whether we are dealing solely with dyspituitarism or with the combination as suggested in this case. There are two types of infantilism due to pituitary disturbance; one short and fat, known as the Brissaud type and the other, the tall slender type called the Lorain type. We ought not to fall into the mistake of confusing infantilism with dwarfism. The infantile may be of almost normal size. I would like to ask Dr. Eustis whether he has made any study of the rate of metabolism in this child. Also I would ask whether he has considered the use of thyroxin. At the Mayo clinics they claim they produce better results with this than with the ordinary thyroid preparation.

Dr. Eustis (closing): In reply to Dr. Lemann, I will state that I have considered the advisability of giving thyroxin, but she is a very intractable child and I have given her the pluriglandular extract with the hope of getting some improvement rapidly and later determining positively whether or not it is a single endocrine glandular deficiency or a mixed. I understood from the family that she had taken considerable thyroid extract while under observation by Dr. DeBuys and her rapid improvement then justifies its employment now, and the employment of the pituitary extract can be easily justified by her several cardinal symptoms of deficiency of this gland. I might mention that she had improved to such an extent under the treatment received in Dr. DeBuys' clinic that she was able to attend school up to last June. Rœntgenograms of her head and extremities should be made and her metabolism should be determined but this is impossible in the present state of her mentality.*

* December 15, 1919. She has improved in physical vigor and mental capacity and is now able to mount an entire flight of stairs unassisted. Her constipation has improved to such an extent that an occasional dose of phenol phthallein (1 grain) is sufficient. Enuresis still present. No change in organotherapy.

PRESENTATION OF A CASE OF CIRRHOSIS OF THE LIVER; TALMA OPERATION; ENTIRE RELIEF OF SYMPTOMS.*

By E. L. KING, M. D., New Orleans.

This lady is 48 years of age. She has had one full term child and two or more miscarriages. She has been subject to attacks of asthma since the age of 13 years. She has been a fairly steady drinker; accustomed to wine, beer, and frequent cocktails. She has always been frail but never seriously ill. About three years

* Read at the Meeting of the Orleans Parish Medical Society, October, 27, 1919. (Received for publication January 5, 1920.—Eds.)

ago she began to develop cirrhosis of the liver with ascites and cachexia. Her condition steadily grew worse, gradually developing to the point where she had to be tapped. She had a certain amount of anemia and increasing weakness. She was treated by two of the physicians here in town, and later I happened to get in touch with the case. She was tapped altogether nineteen times before operation; at first at rare intervals; later it was necessary to tap every four or five days. Two or three gallons of fluid were removed each time. Along in December, 1916, she was bedridden and her condition was very grave. She was delirious most of the time, developed bed sores and was evidently about to die. On Christmas day, 1916, I did not think she would live through the week. As a last resort I suggested a Talma operation be performed. We took her to Touro and Dr. Miller and I operated on her on April 21, 1917. The Talma operation, as you know, is a procedure for "short-circuiting" the abdominal circulation around the liver. The omentum is brought up and sutured to the anterior abdominal wall, or as in this case, into the abdominal wall. The operation was done with novocaine. A supra-umbilical median incision was made, and the great omentum was brought into the the wound and sutured there. The anterior surface of the liver was scarified so as to cause adhesions. She stood the operation fairly well, but was very toxic. Her condition was almost hopeless after the operation, but finally she recovered and was taken home.

The first thing we knew she was feeling badly again. We had to tap again, and she was tapped 15 times after the operation, the last time in August, 1917. During her illness she had developed a bad case of hemorrhoids, as well as a complete procidentia. On the 4th of July, 1918, we took her to Touro again and Dr. Miller operated, doing a vaginal hysterectomy and a hemorrhoidectomy. He first tried local and then used general anesthesia, as local failed on account of fibroids of the body of the uterus. She stood that operation nicely and has been doing well since. After the operation she also developed what was apparently a neuritis of the left leg. That did not worry her very much as far as pain was concerned, but she developed foot drop. She has gained a good deal of weight, does her own housework, and is generally in good condition.

I looked up the statistics of this operation in Moynihan's Abdominal Surgery and reports are as follows:

Sinclair White collected reports of 227 cases, with results as follows:

Deaths	75, or 33 %
Failures	34, or 15 %
Improved	29, or 13 %
Cured	84, or 37.3%

Thus 50% of the patients are cured or improved, which is better than can be done with any other method of treatment at our command.

DISCUSSION.

Dr. L. H. Landry: We are pleased to hear of Dr. King's case, as well as the success with the case. I think the procedure of scarifying the liver alone does not produce nearly as good results as omentopexy, —that is, fixing the omentum in the abodominal wall. That is a simple procedure. You can do this with local anesthesia and produce no shock. We have had several cases in which we did the omentopexy on one side and obtained so much benefit from it that it encouraged us and four or five weeks later we did another omentopexy on the other side. It does not give near as much shock as the procedure of scarifying the liver. It is a simple procedure and in many instances you will be warranted by this method to relieve your patients of the necessity of frequent tapping.

Dr. E. L. King (closing): In answer to Dr. Landry, I simply want to say that we scarified the liver so as to leave nothing undone. It may not have done any good but it did no harm.

THE SEWING MACHINE MOTOR IN USE AS A MOTOR SAW.*

By J. T. NIX, Jr., M. D.

Professor of Orthopedics, Loyola P. G. School of Medicine, Chief of Orthopedics, Charity Hospital, Visiting Surgeon, Hotel Dieu, New Orleans.

At times like the present all stock has reached its high water mark, labor is being paid more than ever in previous history, demand is greater than supply, consequently, the prices of everything have advanced enormously. This is especially true of all equipment, medical or surgical.

The very name surgical often adds from one hundred to five hundred percent to the proper valuation. The surgeons' chisel or gouge which sells for two to four dollars is duplicated in the carpenters' shop at a maximum price of fifty cents, and this same disproportion in cost exists between porcelain ware, chairs, scales

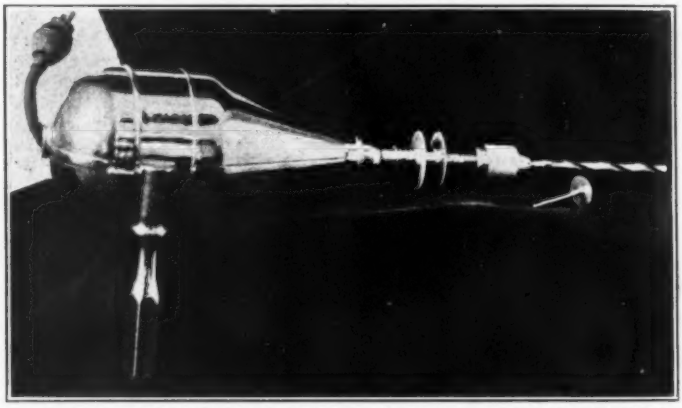
* Read at the Meeting of the Orleans Parish Medical Society, November 24, 1919. (Received for publication January 5, 1920.—Eds.)

and all other surgical appliances when compared to their facsimiles in domestic or other use. WHY?

Not because of unlawful profiteering, not because one man or set of men are rapidly growing rich for their huge, unjust profits, but simply because the output of the surgeon's instrument is infinitesimally small as compared to the enormous production of the mechanic's tool.

The same comparison is true of the electric motors.

For a long time past the motor has been used by the housewife to run the sewing machine or sharpen the kitchen knives, by the barber, professional masseur, and the mixer of soft drinks. Consequently the demand has been great, the supply more than adequate



Motor saw. Albee twin saw attached. Star Chuck No. 4, mechanic's drill, held by chuck and dental cross-cut saw detached.

and the resulting cost very low. They are made by the hundreds of thousands whereas the motors for surgical use are very limited in their production.

This motor that I have used for the past three years is a standard sewing machine motor purchased from the Railway and Light Company for fifteen dollars. The entire equipment cost less than seventy-five dollars, while the Albee outfit at that time sold for two hundred and fifty dollars.

Under no circumstances, however, should efficiency be sacrificed or lessened for the sake of economy. The motor has been used to cut twenty bone transplants from the human and in repeated experiments on wood. It has never failed to do the work and is

still practically new. Either direct or alternating current may be used. The rheostat control operates by a foot pedal, regulating the number of revolutions per minute and permitting five speeds.

Another very valuable feature is the use of Star Chuck No. 4 which screws on the end of the shaft and by means of which any part of any other electro-motor saw and many of the dental appliances and mechanic's drills are adaptable. Star Chuck No. 4 is standard, found in all work-shops, and on sale in every hardware store for fifty cents. The small dental circular saw is directly attachable thereto and is used to cross-cut the graft. It can be had at any dental supply house for less than a quarter of a dollar.

By attaching a long flexible revolving shaft with holder all of the dental burrs and drills may be used as in dentistry and the largest of these should replace the hammer and chisel of the otologist in operations for mastoiditis.

The machinist's drill, when attached, perfects the apparatus for placing intra-medullary grafts.

The sterilizable shell was hand-made at Hausmann Brothers for fifty dollars. If these were produced in quantity, and factory-made the price could be materially lowered.

To summarize: The Universal motor is not an experiment but has stood the test. It is simple, cheap, and efficient. By means of the special chuck any appliance of any other outfit is adaptable. If it is out of order, the motor is replaceable, immediately, anywhere on the face of the globe.

ADDRESS OF DR. ALEXANDER CRAIG, SECRETARY AMERICAN MEDICAL ASSOCIATION.*

When in the presence of any organization of physicians, I always feel very much at home, and the kindnesses which have been shown to us while in New Orleans by members of the Orleans Parish Medical Society make this meeting no exception.

The American Medical Association has been able to accomplish the well worth while things which it has done, because you and other organizations like yours are back of the great movements having for their object the bringing together of physicians in order that they may discuss questions and take such actions as will make them competent to serve the general public. This is the object of

* Delivered at Meeting of Orleans Parish Medical Society, Monday, Nov. 24, 1919. (Received for publication Jan. 5, 1920.—Eds.)

the American Medical Association. It is also the purpose of the Orleans Parish Medical Society. In all its branches,—country, state and national,—the dominating purpose is to maintain and advance the education of physicians. For this reason, physicians meet to discuss scientific subjects in these several branches of the organization. It is also the reason that the Association publishes its Journal. That members of the medical profession may be in position the better to serve the public, in like manner is the central reason for the association holding its annual sessions. Because of your interest in this work, and your loyal cooperation, the next annual session of the association held in New Orleans, will undoubtedly be a successful one. If any assurance were needed, your hearty welcome tonight is sufficient evidence that the members of the Orleans Parish Medical Society are back of the movement for making the coming annual session of the association well worth while.

LETHARGIC ENCEPHALITIS.*

By J. M. PERRET, M. D., New Orleans, La.

Lethargic encephalitis is also known as epidemic encephalitis, infectious ophthalmoplegia, nona, sleeping sickness. It has nothing to do with trypanosomiasis, sleeping sickness, which is caused by *Trypanosoma gambiense,* and which occurs in Africa, the West Indies and South America.

The name lethargic encephalitis was given to the disease by von Economo in describing an epidemic which occurred in Vienna in the winter of 1916-17. He considered it the same disease as nona, which was seen in Italy and Hungary in the spring of 1890.

As far back as 1718 cases of sleeping sickness in connection with a grippe epidemic were reported by Camerarus. Our knowledge of the disease is still in a state of chaos and much remains to be learned.

Paul Sainton defines the disease as a toxic, infectious, epidemic syndrome, characterized clinically by a triad of symptoms, consisting of somnolence, palsies of the motor nerves of the eye ball, and a febrile state, and anatomically by more or less diffuse encephalitis, situated chiefly in the gray matter of the mid-brain.

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* Read at the Meeting of the Orleans Parish Medical Society, November 24, 1919. (Received for publication January 5, 1920.—Eds.)

The cause of the disease has not yet been found. Some have thought that it was due to botulism, others to poliomyelitis, others to influenza, and others to some infection of unknown origin. Von Wiessner claims to have found a gram positive diplo-streptococcus in all his human cases and to have transferred the disease to the ape.

The pathological changes in the brain belong histologically to the class of polioencephalic diseases which are inflammatory. The brain microscopically shows meningeal congestion, and a minor amount of patchy localized meningitis. On section both the gray and white matter are found to be the sites of minute hemorrhagic areas scattered irregularly. The motor cranial nerve nuclei are involved.

Microscopically there is a thickening of the lepto-meninges with exudation of vascular congestion, and the gray matter is the site of peri-vascular cellular infiltration. There is parenchymatous degeneration of the neurones. Blood cultures are sterile. The white count is normal or slightly increased. The white count has gone up as high as 29,000. The Wassermann reaction is negative. The spinal fluid may be normal. It is clear and sometimes comes out under pressure. It is sterile. In some cases the cell count may reach 200 per c. mm., this being due to lymphocytes. Albumin and globulin content may be increased. There is nothing remarkable about the urine.

The most striking symptoms are the somnolence, asthenia, drooping of the lids and the mild fever. Prodromal symptoms are vertigo, headache, lethargy, asthenia, sore throat, conjunctivitis, diplopia and some alteration in the mental state. Later on there is fever, the patient is unable to make voluntary movements, the face is mask-like, drooping of the upper lids, the patient articulates with difficulty, the words are slurred, there may be double facial paralysis, paralysis of limbs, nystagmus, delirium, tremors, retention or incontinence of urine, incontinence of feces, constipation; may have pains in limbs. Lethargy occurs in 80% and ophthalmoplegia in 75% of the cases. The reflexes are usually normal, sometimes increased, occasionally decreased.

Babinski's sign, Kernig's sign and ankle clonus are sometimes found. The disease has been seen in infants of 12 weeks and in adults of over 60 years. Duration of the disease is from 6 to 60 days. The mortality is high. In 168 British cases it was 22%;

it was 50% in the French cases. Fatal cases usually die in one to two weeks after onset of the disease.

The treatment is symptomatic. Occasional tappings of spine may give temporary relief. Heat should be applied to relieve pain. Opiates are to be avoided. We think that it is important that we should carefully look for foci of infection and should any be found, the appropriate treatment instituted.

Since 1919, cases have become reportable in Louisiana. The following data has been kindly furnished by the Louisiana State Board of Health: 37 cases have been reported to date from 19 parishes; Orleans leading with 8. 23 were among whites, 8 colored, 6 color not stated. March, 17 cases; April, 15; May, June, July, August and November, each 1 case.

Report of a case.

Mr. J. R. W., a white male of 27 years, a native of Kentucky, clerical occupation, was seen at the office on October 13, 1919, and complained of swimming in the head for preceding three days. Poor appetite. Sleeps well. Bowels regular. His family history was negative. When a boy he had a cold which lasted one month. Last year he had a mild attack of influenza.

Physicial examination: the patient appears prostrated. Temperature 100 F., pulse 60, respiration 18. Blood pressure: systolic 120, diastolic 80. Heavy white fur on tongue; many gold caps on teeth; soft palate congested. The rest of the examination was negative.

The leucocyte count was	**8250**
Neutrophiles	**72**
Lymphocytes	**22**
Mononuclears	**2**
Transitionals	**2**
Eosinophiles	**2**

Wassermann reaction negative.

No positive diagnosis could be made. It appeared to be the onset of some infectious disease, probably typhoid fever.

For the next few days he kept on complaining of dizziness and pain in the temporo-mandibular joints. The physical examination was the same as before except that this soft palate was much more congested and that he was more prostrated. Five days after his visit to the office he was sent to Hotel Dieu and remained there for a month.

The clinical course was characterized by somnolence, asthenia, drooping of upper lids, photophobia, open mouth, mild fever, up to 101° F. by rectum. The somnolence was so marked at times that patient appeared to be in coma. The speech was slow and slurring and for days he was not able to speak at all. During the night he would frequently get restless, moan and complain of pains in knees and legs. At one time he complained of pain in right lower chest which seemed of pleural origin. He often voided involuntarily. He never had any headache, nor did he vomit. Only one day was he slightly nauseated.

He developed a Kernig's sign and tremor of upper extremities.

X-ray of teeth having shown three abscessed teeth, these were extracted on Nov. 7, and although the patient had begun to show some improvement a couple of days before, the removal of these septic foci seemed to have been of value, as after this the improvement was more rapid.

Examination of eyes by Dr. Dimitry: Eyes are in parallelism. Media clear. Fundus normal.

Laboratory findings: Urine negative. 10-19-19. Blood culture negative.

Whites	7,400
Neutrophiles	76
Lymphocytes	21
Endothelial leuc.	2
Basophiles	1

10-23-19. Widal and malaria negative.

Whites	29,000
Neutrophiles	91
Lymphocytes	8
Eosinophiles	1

Wassermann, Tschernogubow, Widal and malaria negative.

19-25-19. A spinal puncture was made and a clear fluid under slight pressure obtained. Culture and Wassermann were negative. 15 cells per c. mm. Globulin increased.

10-28-19.

Whites	18,000
Neutrophiles	91
Lymphocytes	9

The treatment was symptomatic. Careful nursing. Lots of fluids to dilute the toxins. Murphy drip of 5% glucose was given when patient could not take enough fluid by mouth. Frequent mouth washes. Sponging. Castor oil to keep the bowels opened. Urotropin and hydrochloric acid t. i. d. Codeine and morphine had to be resorted to a few times when heat would not relieve the pains. And last but perhaps not the least the removal of the septic foci, which in this case were abscessed teeth.

Present condition Oct. 19, 1919: The patient is now apparently convalescent. He is mentally bright. He can move his upper and lower extremities. There is a coarse tremor of his upper extremities. He cannot separate his teeth more than one-half inch. Kernig's sign is present. With some help he can walk in his room. Blood pressure, systolic 118, diastolic 85.

In conclusion I wish to thank Dr. J. T. Nix for the privilege of reporting this case, which is one of his patients.

The following articles have been consulted:

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DISCUSSION.

Dr. Johns:. I have had the pleasure of seeing one or two such cases in the last six months and I am able to confirm all of the laboratory findings mentioned by Dr. Perret. As every symptom must be utilized in the making of this diagnosis, I would like to add that the reduction of a colloidal gold solution in the high dilutions (the meningetic type of curve) combined with an excessive globulin reaction and a rather low (30-50) all count in the spinal fluid analysis have been the most consistent laboratory findings of value in confirming the general picture of the case.

REMARKS OF PASSED ASSISTANT SURGEON M. S. LOMBARD, U. S. PUBLIC HEALTH SERVICE, TO THE MEMBERS OF THE ORLEANS PARISH MEDICAL SOCIETY.*

I have asked the privilege to say a few words to you tonight because some doubt exists whether or not the whole medical profession of New Orleans knows that several cases of bubonic plague have occurred in this city since October last. It is not my intention to deliver a lecture on plague, as I feel that all of you are well versed on this subject. I would like to invite your attention to some facts, however, which will put you on your guard.

On October 29, 1919, a case of bubonic plague was discovered in the Charity Hospital. Two days later, three other cases were found, making four cases discovered by November 1, 1919.

On November 5, the fifth case was seen. All seemingly went well till November 22, when the sixth case was reported. Between November 25 and December 5, five other cases have been found, making a total of eleven cases to date with results as follows: Two cases were dead when first seen, two cases died in hospital, three cases have recovered and four cases are still in the Isolation Hospital.

Since the discovery of the first case, the Public Health Service activities have been greatly increased. Rat trapping areas were established at once and from November 1, 1919, to date, 22,899 rodents have been captured and sent to the laboratory for classifi-

* December 13, 1919, 8:30 P. M. (Received for publication Jan. 5, 1920.—Eds.)

cation and examination. Suspected rats were discovered from the very first, and out of the number captured, 174 have been proved plague infected and about 700 were plague suspected. Many of these suspicious rats are proving negative, but comparatively a large percentage are being confirmed. By citing these figures, I want to emphasize the fact that we are dealing with a severe epizootic. Why more people are not plague infected often makes us wonder. The epizootic is most marked along the river front and along the Old and New Basin Canals, but it is well spread over the entire City of New Orleans, and in each instance the trouble can be traced to defective structures. The way the service is meeting the present situation is as follows: In human plague, as soon as the case is discovered, the patient's residence and his place of employment is fumigated with cyanide gas, the object being the destruction of both rodents and fleas. In rodent plague, we fumigate the apparent rat harboring buildings. Intensive trapping is instituted, and at the same time defects of rat proofing are corrected. Our results by this method of treatment have been very satisfactory. We think we have prevented the spread of the disease to men in infected localities.

Fortunately, we have in back of us 5½ years of ratproofing, which makes the treatment comparatively easy. We do not have to destroy great rat harbors as we did in 1914, therefore, cyanide is believed to be effective.

My appeal to you is, 1st, to report suspicious cases early, 2nd, to refrain from prescribing for anyone unless you see the patient. If, for reasons best known to yourselves, you do prescribe without seeing the patient and by any chance the patient died, please do not sign the death certificate until you have seen the body and excluded plague. If, on account of enlarged glands, femoral, axillary, cervical, etc., doubt exists in your mind as to the cause of death, let us know and we will be glad to consult with you and assist with bacteriological procedures, if necessary.

The importance of reporting cases early is readily understood. By obtaining such information we believe that it is possible to prevent the spread of the disease to others. Be on the lookout for plague when treating employees of large food warehouses, especially from those located along the water front.

As you may have noted, through the press, responsibility has been placed where it rightly belongs. The Dock Board, certain

railroads and a few delinquent citizens have been advised that their share of the work must be completed. City officials are going to see to it that all non-ratproofed premises, within the Parish of Orleans, will be repaired as quickly as possible.

Some foreign governments have either quarantined against New Orleans or are threatening quarantine. Severe restrictions have been imposed on vessels from New Orleans by others. Under present conditions, as we are meeting this emergency satisfactorily, I do not believe that a quarantine against New Orleans is justifiable at this time. However, the Public Health Service has nothing to do with foreign governments, and it is the duty of the State Department to adjust matters of that kind.

Your help is needed in the way I just explained. As we are positive that we have discovered all cases of the quarantinable disease in this city, let us hope that we have seen the last case of plague.

THE SPONGE-FORCEP METHOD OF TREATING INCOMPLETE ABORTION.*

By E. L. KING, A. B., M. D., New Orleans.

From the Department of Obstetrics and Clinical Gynecology, School of Medicine, Tulane University of Louisiana.

As is well known, spontaneous abortion is very common; Williams[1] estimates that one out of every five or six pregnancies terminates thus, while Taussig (quoted by Williams) places the figure for all abortions at one in every 2.3 pregnancies. Furthermore, it is a familiar fact that incomplete abortions are more frequent than complete ones, Williams placing the ratio at 5 to 1 in hospital and 3 to 1 in general practice. Complete abortion is most frequent during the first two or three months of pregnancy; during the next three of four months the incomplete variety is the rule. After six and a half months, the case is one of premature labor and is handled as is a case of labor at term.

The treatment of this frequent condition is of course important, and in our eagerness to meet the emergency we are prone to forget the probable end—results of careless, unclean, or unnecessarily vigorous manipulations. Polak[2] stresses the point that the majority of incomplete abortions in his practice have been examined or treated

* Read at the Meeting of the Orleans Parish Medical Society, December 13, 1919. (Received for publication Jan. 5, 1920.—Eds.)

through an unprepared vulvo-vaginal orifice, and hence can no longer be considered clean. Practically all obstetricians agree with this statement, and hence caution against too vigorous a course of treatment. It might be well here to remind you that postabortal infections are very common, much more so than puerperal ones. One investigator found that over 5% of the gynecological cases in a large general hospital were traceable to these infections, and most of these infections in turn can be traced to intra-uterine manipulations.

Polak states that complete evacuation of the uterus by means of the curet, forceps, and fingers, under a strict aseptic surgical technic, is the best treatment for the clean case. In a case where infection is suspected he takes a uterine culture under aseptic precautions. If the culture is negative, the uterus is carefully evacuated, using the curet if the pregnancy has not advanced past the eighth week; the placental forceps and finger, if past this period. If the culture is positive, he waits until it becomes negative, tamponning only if there is free bleeding, and then cleans out the uterine cavity. He advocates final evacuation in all cases for three reasons: (1) the percentage of subsequent menorrhagia is greatly reduced; (2) the retention of placental fragments favors the later development of chorio-epithelioma; (3) routine curettage and microscopic examination of the scrapings will at times lead to discovery of early malignancy.

The diversity of opinion as regards the treatment of infected cases is well shown by the report of a committee on the treatment of puerperal fever to the section on obstetrics and gynecology of the American Medical Association in 1913, the committee having been appointed the year before by Dr. C. Jeff Miller, chairman of the section. Questionnaires were sent out to teachers of obstetrics and gynecology, to general surgeons, and to some foreign authorities; the questions were also published in the journal, and fourteen general practitioners sent in replies. The majority advocated cleaning out the uterus in infected abortion, if there were retention of secundines, but after once cleaning it out, no further intrauterine treatement was favored. About 50% of those answering stated that they tried to distinguish by various means between infected and non-infected abortions, but there seems to be no reliable method for distinguishing between benign and virulent intrauterine infections. The committee concluded that it is well to wait in the infected cases for nature to erect her barriers against the in-

fection. In the discussion, Montgomery advocated cleaning out decomposing material with the gauze-wrapped finger. Litzenberg favored completing incomplete abortions, but preferred to pack and wait in septic cases; if the cervix is dilated and the secundines presenting he would remove them with the placental forceps. Frank preferred the expectant treatment, and thought that many infections are due to haste in examination and treatment. Yarros would curet practically all cases. De Lee leans towards conservatism in septic cases, cleaning out with finger and forceps in two or three days. He uses the curet only exceptionally.

The consensus of opinion, then, seems to be that in infected cases we should either do nothing at all locally or that at most we should empty the uterus very gently and afterward keep away from it. All are agreed that the curet should never be used in the presence of infection. In clean cases more radical treatment is advised, and curettage is the method usually employed. In our work in Ward 65, Charity Hospital, we have for several years handled all the white abortion cases, and have reached the conclusion that the use of the curet is inadvisable, and is often productive of harmful after-results, even in clean cases. Our reasons for this opinion are as follows: (1) It is the rule to find micro-organisms in the vagina, and streptococci are frequent in this location. (2) We know that it is impossible to absolutely sterilize the vagina and cervix. (3) The ideal way to implant these organisms into the uterus (which of coure is just what we do not wish to do) is to remove the mucous membrane with the curet which has passed through the vagina and cervix and has picked up any bacteria which may be present. Infection of greater or less degree will often follow, depending upon the virulence of the particular organisms present. (4) The retained portions of the ovum are almost always partially or completely detached, and can be moved more effectually by the forceps than by the curet. (5) Perforation is not uncommon when the curet is used on account of the softness of the uterine wall.

Hence we have adopted the following method, for which no originality is claimed. The patient is always anesthetized, is carefully prepared with green soap and water, followed by alcohol, a self-retaining speculum is introduced, the cervix is grasped by a volsellum and dilated gently (if necessary). In the majority of cases the cervix is open enough to admit the sponge-forceps or the

finger, and no dilatation is necessary. An ordinary sponge-forceps is introduced, and with it the retained secundines are seized and withdrawn. Often the ovular remains are protruding through the cervix, and are easily removed. The forceps is introduced and withdrawn two or three times, until no more remnants are found, and then is introduced with a sponge in its grasp, which is twisted around inside the uterus in order to remove any small particles that may be left. Finally, if the cervix is sufficiently dilated, the finger is introduced and the cavity carefully palpated in order to make sure that all particles have been removed. This step is not essential, and is often omitted, as the cessation of bleeding is a very reliable indication that the cavity is empty. The uterus is not irrigated, no chemicals are used in its interior, and no pack is used except in the rare case in which rather free bleeding persists in spite of complete evacuation. The after-treatment is simply *rest,* local and general, for three to six days. The patient is allowed up as soon as the uterus has involuted well, and she is discharged two or three days later.

We have found that this method is as effective as the use of the curet in the removal of the retained material, is not followed by fever, and is not attended by any of the risks enumerated above. We have also found that the majority of incomplete abortions will not complete themselves, that ergot and pituitrin will not as a rule do this for us, and that the vaginal pack is uncertain and liable to produce infection. We have seen many cases of menorrhagia after abortions in which small pieces of the ovum were retained and the case left to nature. Polak also calls attention to this feature. So we feel that this "intermediate" method is the best one to employ in clean cases of incomplete abortion. We also use it in sapremic cases with known retention, as shown by hemorrhage and foul discharge, and the temperature generally falls rapidly to normal. In septic cases with no evidence of retention the uterine cavity is not invaded.

As stated above, no originality is claimed for this method, but we wish to emphasize its usefulness and safety. We have used it in several hundred hospital and many private cases with uniformly good results, and hence recommend it for your consideration.

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REPORT OF CASE OF DERMOID CYST, LEFT OVARY, IN A PATIENT 14 YEARS OF AGE.*

By W. D. PHILLIPS, M. D., New Orleans, La.

Family history—negative. Present illness—Starded about four years ago at which time she complained of slight pain in abdomen. She was treated by a physician for some intestinal disorder and seemed better until November, 1918, at which time she suffered severe pain in left side of abdomen. This pain continued during December, 1918, and January, 1919. She was not confined to her bed except one day and on that day suffered retention of urine, which was relieved by use of catheter. She was apparently well again until June, 1919, at which time she suffered severe pain in right side, she remained in bed three days.

She was apparently well again until Friday, December 5, 1919, at which time she suffered severe pain in left side and marked nausea and vomiting. She continued to suffer Saturday, December 6th, and Sunday, December 7, and Monday, December 8, 1919. She did not notice any enlargement of abdomen until Sunday, December 7, 1919. She was advised on Monday, December 8, 1919, to undergo an abdominal operation.

Patient admitted to Presbyterian Hospital Monday, December 8, 1919, at 5:30 p. m., at which time examination showed abdominal distention, marked rigidity and pain over entire abdomen most marked over McBurney's point. She informed me that menstruation appeared for the first time Wednesday, December 3, 1919, and was still menstruating at time she was admitted to hospital. Temperature was 101.4°; there was an area of dulness upon percussion over the whole lower abdomen which seemed to indicate loose fluid instead of encapsulated. Total leukocyte count—20,000. Differential leukocyte count showed—neutrophiles 92%. Urine examination showed 1¼% albumin with four plus indican, otherwise negative.

A probable diagnosis of ruptured appendix was made although the general condition of the patient did not suggest same.

Operation.—At 8:00 p. m. under ether anesthesia, right rectus incision being used showed a large cyst of left ovary about the size of a foetal head lying on right side of abdomen. There was a marked twisting of the pedicle and a large hemorrhagic area at base of cyst. Some of the fluid was aspirated and cyst delivered through the incision. The appendix was examined and found to be large, congested and diseased so was removed.

Laboratory report of specimen showed: A demoid cyst of ovary with hemorrhagic extravasation. Appendix slight, acute and chronic inflammation.

DISCUSSION.

Dr. E. L. King: I would like to mention a case which my brother, Dr. A. C. King, had several years ago similar to the one reported by Dr. Phillips. A little girl of sixteen years of age showed symptoms of acute appendicitis. My brother and Dr. Martin operated on her under this diagnosis. The appendix was taken out and it was decided

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that it was not sufficiently diseased to account for the severe symptoms exhibited by the patient. So they investigated further and found a cyst of the right ovary, which had become hoisted upon its pedicle. This was removed. I do not think that it was a dermoid cyst, however, but, to the best of my recollection, it was a simple unilocular cyst.

A FEW GENERAL SUGGESTIONS REGARDING THE COLLECTION AND PREPARATION OF SPECIMENS FOR LABORATORY EXAMINATIONS.

By ELIZABETH BASS, M. D., New Orleans.

The object of this paper is to endeavor to make certain useful and practical suggestions relative to the collection of specimens for clinical laboratory examinations.

It is not intended to bring out any new ideas but rather to emphasize some of the things that are already well known. There is no branch of medicine, as you know, but that at some time, and usually very often depends on the laboratory for much valuable information in diagnosis. Such information is frequently obtained by direct findings, yet there are many instances in which diagnoses are made by exclusion only.

Having done, within the past few years, both in my private laboratory and in teaching in Tulane Medical College, a fairly large amount of work for physicians in various fields of medicine, I have been impressed with the fact that it is very important that specimens to be examined properly must, first, represent suitable material for examination and, second, that such material must be properly prepared, otherwise, correct interpretation of the findings is not likely to be made.

If one were asked to mention the material upon which he could give the greatest amount of information from a laboratory examination, I believe every clinical diagnostician would unreservedly state, the blood smear. To obtain such information, however, a suitable and properly made smear is essential. These are frequently made by the attending physician, who, not being familiar with the proper technic of making such smears, may send to the laboratory preparations that are not suitable for examination and upon which no dependable report can be made. Having been called upon to examine and report on many improperly made blood smears, I feel justified in stressing this particular point.

A number of different examinations may be made of the blood

smear and the findings may be of considerable value in diagnosis. Perhaps the greater per cent of requests for reports on blood smears are differential leucocyte counts. Next in frequency, in our southern territory, at least, are for malaria. There are many requests also for agglutination tests for typhoid. Again, much valuable information may be obtained, and often a certain diagnosis be made in cases of the leukemias, pernicious anemia, mineral poisoning and other blood dyscrasias. All of these examinations may be made on a properly prepared blood smear.

To make a satisfactory differential leucocyte count, a thin smear and an evenly distributed field should be selected for counting. To make such a smear one should puncture the finger tip or the lobe of the ear with a suitable blood sticker and obtain about one-fourth drop of blood by gentle manipulation and without hard squeezing, the drop of blood is collected and then thinly spread on the middle third of a clean glass slide with the end of another slide. The spread is made by touching the drop of blood with the end of another slide and allowing it to spread across the first slide, then raising the "spreader" slide to an angle of about thirty-five degrees, and making a quick forward stroke. The cells should not roll up to the lower end of slide but should be thinly and evenly distributed. If this technic is followed physicians who have not had experience can soon learn to make good smears without much difficulty.

If the cells are rolled up on one end, the differential leucocyte count on such smear may show an increase in the per cent of small lymphocytes, or it may show an apparent reduction in leucocytes. This is not in reality the condition of the patient's blood and although the count is accurately made, in so far as the cells on the slide are concerned, it nevertheless does not represent the ratio of the different cells. The endothelial and polymorphonuclear leucocytes being larger are rolled to the edge of the smear, more or less, are not counted unless one counts cells at the edge of slide which is not usually done.

The value of examination of blood for malaria, also, depends a good deal on the kind of smear furnished. The parasites can be most easily and quickly recognized in thin smears of blood where the cells are not piled up on each other. If the plasmodia are numerous not so much difficulty is encountered, but when the parasites are few in number it is very necessary that thin smears

be examined. One can not stain a thick smear of blood satisfactorily and it is necessary to secure a good stain not only for finding plasmodia but to be able to differentiate the leucocytes in making counts.

Frequently a drop of dry blood, not spread out, is sent to the laboratory with request for differential leucocyte count and examination for plasmodia. No report can be given on such specimen. An agglutination test for typhoid can be made on the dry drop of blood, but for this, also, it is preferable to have a thin well spread smear as described above. For one to make a total leucocyte count or a total erythrocyte count it is necessary that one trained to make accurate dilutions collect specimens, but the blood smear for the various examinations mentioned can be made by the attending physician and considerable time often saved. Many times laboratories are not accessible and it is necessary to send specimen some distance for examination. This is another reason why the attending physician should be able to make blood smears. Often a smear of blood is sent to the laboratory with request that an examination for plasmodia be made, when at a glance one observes an apparent, or perhaps a marked, increase in polymorphonuclear neutrophilic leucocytes and one can state to the clinician that the febrile or other symptoms from which his patient is suffering are due to some pyogenic infection and not from a protozoan organism. There are instances in which one can make practically correct classification of the anemias by examining a blood smear. However, in doubtful cases it is necessary to make total red cell count and determine the color index.

While speaking of blood I should like to mention one of the very satisfactory methods of collecting blood for cultures and for serological tests, and that is the "Blood Culture Keidel Tube" containing nutrient bouillon or ox-bile bouillon for the cultures, and the Keidel vacuum bleeding tube for collecting blood for Wassermann and other serological tests. These tubes are sold by Hynson, Westcott and Dunning of Baltimore and are most convenient and satisfactory. There is no danger of a specimen's becoming contaminated and the outfit is complete and ready for use. Blood for Wassermann test may be collected in any dry clean vial. It is not essential, though preferable, that specimen for Wassermann test be sterile but it is essential that containers be free from moisture.

Another mistake that is not uncommon is the use of unclean corks in bottle containing blood or serum for examination. A used cork, although apparently clean, may be saturated with some chemical that will give much trouble in the reading of Wassermann. Specimens are sometimes sent to the laboratory in bottles plugged with cotton which should never be done.

It may not be amiss for me to mention a few other materials that are sent to the laboratory and methods of preparing same. Much time can be saved and more certain findings reported if throat cultures, for instance, are planted at the bedside of patients than if material is collected on swab and sent to the laboratory. The hermetically sealed culture tube of Lœffler's blood serum with swab (designed and described by Dr. C. C. Bass, *Jour. A. M. A.*, Jan. 3, 1914) furnishes the general practitioner and specialist, as well, a convenient and ever ready culture tube for diphtheria. In fact, many other organisms grow luxuriously on this medium. Physicians who are likely to see cases in which throat cultures are desirable should carry such tubes with them. These tubes keep indefinitely and there is no danger of contamination nor evaporation of the nutrient substance such as usually occurs with the open mouth culture tube. If cultures are sent some distance in the mail there is sufficient warmth to encourage growth and frequently report can be given without further incubation or at least within much shorter time than is ordinarily required.

Pus of any character should be spread on slide and dried either in air or over flames before sending to the laboratory if there is to be a delay of several hours before specimen will reach the laboratory. The reason for this is that pus cells and bacteria disintegrate in fluids some more rapidly than others, and valuable diagnostic features are destroyed, particularly where organisms are phagocyted by the pus cells.

It is preferable when possible to send both slide and fluid of such material to the laboratory.

Specimens to be examined for intestinal parasite ova or larvæ should be properly collected. All of the intestinal worms commonly found in this country inhabit the small intestine and cecum, except oxyuris, which inhabits the large intestine.

The ova and larvæ being deposited high up in the intestine are thoroughly distributed in the feces, therefore stools of normal consistency are most suitable for examination.

One or two drams of material is a sufficient quantity. A wide mouth two ounce bottle with a new cork stopper is an appropriate container.

The interpretation on the examination of urine is of a great deal more value if examination is made on a freshly collected specimen. In fact, all such specimens if possible should be collected in the office or laboratory just before examination.

CONCLUSIONS.

1. Clinical laboratory findings are of great value when properly interpreted.
2. Correct interpretations can only be made on suitable and properly perpared specimens.
3. Physicians who expect to get the most information from laboratory examinations should at least submit properly collected and prepared specimens.

EPITHELIOMA, ITS VARIOUS TYPES AND THE TREATMENT BY RADIOTHERAPEUSIS.

By HENRY F. WILKINS, B. S., M. D.

Radiologist to The Birmingham Infirmary, Birmingham, Ala.

1. All epitheliomas arise from surface epithelium, and may arise from squamous cells or epithelial cells, according to location.

Squamous Celled Epitheliomas take their origin from a mucous membrane that is covered with pavement epithelium, and are especially prone to appear at the junction of the skin and mucous membrane or at the juxtaposition of the different kinds of epithelium. There is ingrowth of surface epithelium onto the subepithelial connective tissue, and colonies of the cells grow inward to form epithelial nests. It may arise without discoverable cause, it may follow prolonged irritation, or it may be found in a wart or fissure. The diseased area becomes cancerous in a very short time, and on the other hand the growth may require years to develop. Squamous epithelioma generally begins in a warty protuberance which soon ulcerates. Such an ulcer has a hard, irregular base, uneven edges, a foul, fungus like bottom, and gives off a sanious, ichorous discharge. This ulcer is a seat of a sharp, pricking pain, sometimes bleeds, and extends over a considerable area, embracing and destroying everything it comes in contact

with. Dissemination is not so common as other forms of cancer, but it does sometimes occur.

Cylindrical Celled Epithelioma: This form of epithelioma arises from structures covered with cylindrical epithelium and it contains cylindrical or columnar cells. The tumor is composed of a stroma of fibers between which lie tumular glands that are lined with columnar epithelium containing masses of epithelial cells, and found more commonly in the uterus and gastrointestinal canal, usually beginning from surface epithelium or from the cells of tubular gland. There is an acinus-like structure in these tumors and the spaces are filled with proliferating epithelium. This form of tumor may be found in the liver, and kidneys. They grow rather slowly, usually, but not always, cause lymphatic involvement, and may metastasize widely.

2. *Rodent Ulcer, Epithelioma Exedens:* This form of epithelioma begins after age of forty as a little warty prominence which ulcerates in the center, the ulceration usually progresses at a rate equal to the size of the growths. This ulcer is generally considered to be a rodent ulcer. The ulcer grows slowly and may last for years, but it does not involve the lympathic vessels, and does not produce a cachexia. The destruction caused by the ulcer may become very great and the deformity is sometimes horrible. A rodent ulcer is generally considered one of the malignant growths, that springs from the sweat glands. Rodent ulcers do not contain cell nests. It very rarely forms a cicatrix, although a small portion of the ulcer may slough out and a temporary scar may form at this point.

3. All cancers of whatever nature, whether internal or external, are due to some form of irritation, and they obey certain general laws of growth. If it can be shown that any cancer in any particular part of the body is marked by a definite and invariable sequence of events, one is justified in the conclusion that this same law will govern the growth of every other cancer. It is my opinion, backed up by the opinion of many of the best authorities, that every cancer of the skin does not grow upon a healthy normal surface. Cutaneous cancers are always located where there has been tumors, scars, moles, warts, keratoses, or some form of irritation. Cancer of the mouth rarely occurs in a sanitary mouth with normal teeth. There is always present an irritation from a ragged tooth, from leukoplakia, a fissure, or a wart. So from these conclusions

we know that a precancerous stage exists and that in most cases the precancerous condition is remediable. In spite of this fact, even in the precancerous conditions, one frequently observes that the physician and the patient supinely and irresistibly wait for the inevitable disaster that all untreated cancers incur. If every chronic irritation were removed, every chronic ulcer healed, if every wart and mole were removed and every keretosis cured, if the mouth were kept in a wholesome condition and the teeth kept smooth, if every scar's unhealthy tissue were removed and necessary skin grafted to cover the nuded surface, then the problem of cancer would be solved, in so far as the surface of the body is concerned, or almost so.

4. TREATMENT.

In this discussion it is not my purpose to claim that surgery can be displaced by any other method of treatment, but I do believe that radium and X-ray should be employed as an adjunct to surgery and can be used in every case either before or after operation in all operable cases and will do an immense amount of good in all inoperable cases of cancer, in whatever state the disease may be. In all forms of skin cancer the treatment of choice is radium alone or in conjunction with X-ray. This form of treatment offers the best chances of curing the disease and that is what we wish to do. In the hands of those that have had an opportunity to study the effects of radium in these cases one will conclude that radium and X-ray will cure a very large per cent of epithelioma, when properly applied with technique, and by those that have had experience and training in the use of radium and X-ray. As to the manner of the use of these agents and the proper technique, will say that it requires experience and a knowledge of the physics of radiotherapy and the thorough understanding of physical effects of these agents, in order to obtain the best results in their application to the treatment of these conditions. Whatever differences of opinion may exist at the present time with respect to the value of radium in systemic neoplasms, there seems to be a unanimity of opinion in regard to the efficacy of radium in the treatment of epithelial tumors of the skin, in every phase of their growth. Radium treatment for cancer of the skin has been recognized by the best authorities on these subjects for about ten years. While it should never be the belief of the physician to avoid surgery, except when other methods warrant it, yet in a given af-

fection and equally good results obtained, there are distinct advantages in favor of such a procedure.

5. Of the two agents, X-ray and radium, either separately or in conjunction, at the present time there is nothing that we know will equal their application in the treatment of malignancies of the skin, in practically all cases, and especially is it the best treatment for epitheliomas in accessible localities. It is not my purpose to eulogize these agents in too optimistic terms, and in general I am interested in the cure of these cases by any means whatever. Our experience in the use of these agents during the last six years, however, prompts a high appreciation of their ability to heal skin cancers, while their uniformity of potential, allowing accuracy of dosage together with a fairly broad margin of safety, renders them remedies that are especially adopted to lesions of this nature. In these cases healing is obtained with slight inconvenience to the patients; no discomfort of any moment and with cosmetic results that can be obtained in no other way that I am cognizant of.

6. The following case reports, taken from the private practice of the writer, are illustrative of the cases that are amenable to radium treatment. The results were obtained by the application of ten fifteen mgs. of radium element, with such screening as were necessary in each case, there being no special form of applicators employed, as these can be made easily at the time of the treatment of the case.

Case 1. Mr. J. C. W., age 56, epithelioma covering practically the entire face but not very deeply ulcerated only in places. The ears were included in the diseased process. He was a hard looking case, but nothing else could be suggested for him than the use of X-ray and radium. Radium was applied each day for sufficient time to get the rays to all the tumor or ulcer in this case, with no screening so as to get the beta rays effects and left on each place for thirty minutes. He was requested to return in four weeks when this was repeated, and when he returned he was greatly improved. Now, after six months he is practically well. He has also had three treatments by the X-ray. In this case only patience and perseverance with radium and X-ray could such a fine result have been obtained.

Case 2. J. H. Y., aged 68, fifty-cent sized epithelioma left ear. Ten months duration. Radium applied for three hours at 2 seances and patient requested to return in four weeks. This was repeated and patient requested to return in four weeks as before, and when he came back was apparently well, and no scar or sign of the diseased ear was observed.

Case 3. W. C. C., age 47, deep seated epithelioma on left corner of mouth. Duration one year. Radium applied to this neoplasm two hours for five treatments in dosages of 15 mgs, no screening, and the

patient is now on the road to recovery from all external evidence that the case presents.

7. Report of such cases as the above might be continued but I think that it is more interesting to mention some of the physical action of radium and X-ray. There is no doubt that radium and the Rœntgen rays exert a powerful influence over cancer cells. There have been many cases of cancer in various forms treated by radiotherapy, but most of these have come to the radiologist in the very last stages of the disease. Even in this condition occasionally a patient would get well, while nearly all received palliation to a greater or less degree. Many of these cases could have been referred sooner and the patients would have had a better chance, had the physician been familiar with radium. Radium has been lauded to the highest by many, abandoned by some because of its failure in some cachetic patients, and denounced by some who failed to give the remedy a trial. At present, radium and the X-ray are recognized by a great majority of the profession as a valuable addition and armamentarium in our fight against cancer.

8. My experience during the last six years shows that we can not treat with radium at a greater distance than two or three centimeters. It has been shown that cancerous growths can be promptly and permanently cured at this distance from the radium tube. However, if the disease has advanced and there is infiltration of the growth into adjacent tissues, the cure is only apparent. In this condition X-ray should be used to reach the deeper seat of the disease. The local growth may disappear, but if metastasis takes place before treatment is given it will progress, without regard to quantity of radium applied or the length of the exposure. Larger quantities of radium have been tried and the time of the exposure increased so a to influence cancer cells at a greater depth, but not much success has been accomplished in this direction. The rays of the radium in contact with the growth were too intense where it entered, and too weak at a greater distance from the tubes than two or three centimeters. Placing the radium at a distance from the surface so the rays would be nearly uniform at the point of entrance and at the distance required, renders the radiation too weak even if larger amounts are employed. The same objection is not held to apply to the present Rœntgen ray, which, when excited, gives off many thousand times more rays than any quantity of

radium any one has ever used. In these cases it is best to use the Rœntgen ray in conjunction with radium.

BULLETIN OF THE LOUISIANA STATE MEDICAL SOCIETY.

By P. T. TALBOT, M. D., Sect'y-Treas.

Preparations for the Entertainment of the Members, Families and Friends of the A. M. A. at the coming meeting.

While there will be a number of entertainments of all kinds provided for the easy passage of the time and the amusement of the members and their wives, daughters and friends, a most original and characteristic program has been perfected which will be known as the President's Ball. This will be in the form of a carnival ball with a number of tableaux representing some medical subject of deep interest, a great deal of humor, and perhaps a little satire. The indications are that this ball will be fully as beautiful as any heretofore given, even in the halcyon days of pre-war carnival revelry. It will be carried out in exact accordance with the historical procedure laid down for such affairs. The scenery and settings will be specially painted and prepared to suit the theme. There will be the King with his Royal Court who will preside over the cast, limited to 150 of the most worthy subjects, all of them most gorgeously costumed as will be befitting the characters they portray and the illustrious onlookers before whom they will have the honor of appearing.

The King will have his Queen and the Dukes of his Court their Maids, and after the completion of the tableaux they, with the maskers will dance in series until everyone of the fair guests has been called out. After this has been accomplished the maskers will gradually disappear, black coats will come on and dancing will continue forever after.

As the Louisiana State Medical Society is the joint host with the Orleans Parish Medical Society it is hoped that as many of the out of town members as possible participate actively in this ball. Naturally there is some expense attached to this ball which will be borne by the participants. No doubt this pleasure will be

eagerly sought for by many more than would constitute the size of the cast, therefore it is suggested that applications be filed as early as possible so as to avoid disappointment.

This form of entertainment is essentially novel so far as the American Medical Association is concerned. It is essentially characteristic of the happiest life in the Crescent City, and will unquestionably prove to have been a happy inspiration and an unqualified success.

The tremendous material prosperity of New Orleans has placed great demands upon hotel space, which in turn limits that available for transients. There is not the slightest question of being fully able to take care of the unusually large attendance expected, yet it is realized that people coming from a distance prefer, if possible to obtain, hotel accommodation, and it is requested that the role of host be carried to its ultimate end and that all visitors from Louisiana avail themselves of boarding houses and other places, relinquishing to visitors from other states the hotel accommodation.

Dr. J. K. Newman, Chairman of the Finance Committee, reports that, with the exception of Rapides Parish, practically no financial assistance is coming in from the country, and believes that this is due to the erroneous thought that all expenses are to be borne by the American Medical Association. This is not true and a great deal of money is needed to properly finance the preparations for the comfort of our guests. These expenses must be borne by the profession of Louisiana, and an urgent appeal is made to all members of the State and Parish Societies to come forward as liberally as they can afford, making all contributions through Dr. Newman, or the Louisiana State Medical Society.

The above information was furnished the Society by Dr. Hamilton P. Jones, Chairman of the Publicity Committee.

We wish to announce to the profession that the Entertainment Committee of the A. M. A., of this city, has contributed some funds to its Membership Committee for the purpose of securing additional members to the Louisiana State Medical Society. This Committee will work independently but in co-operation with the Louisi-

ana State Medical Society. They will, very shortly, become active in the solicitation of new members for the society and I trust that every reputable member of the organization will lend this endeavor all of their support and influence. This work will prove a valuable adjunct to our attempts to secure for membership those physicians throughout the state who have not yet shown a willingness to become one of our organization. Dr. W. M. Perkins, as Chairman of this Committee, is very much interested in the work and I am sure he will be able to accomplish a great deal in the undertaking.

We are just in receipt of a check from Secretary Geo. C. Antony, M. D., of the Rapides Parish Medical Society, for $420.00, as part of their contribution to the entertainment of the American Medical Association.

We wish to call the attention to every Parish Society, especially the large centers, to this splendid evidence of co-operation in aiding towards the entertainment of our guests of the American Medical Association. We trust and anticipate that this will give some encouragement to the localities who have not, up-to-date, contributed their pro-rata for this fund.

If proper attention is given to this subject and funds solicited from the various Parish Societies by their Officers, I am quite sure that a large contribution will be forth-coming in the near future.

We are sending out, through the mails, to every member of the Louisiana State Medical Society, a notice regarding an amendment to the Charter of our organization, which amendment will be voted upon at the Annual Meeting of the Louisiana State Medical Society. Enclosed with this notice will be found some membership blanks and we are especially desirous that every member of our organization will attempt to secure additional members for the Louisiana State Medical Society. Kindly have applicants fill out these blanks, in accordance with indications on the form, sending same direct to the Louisiana State Medical Society or local Secretary of the Parish Society. We particularly solicit your kind attention and assistance in this work.

COMMUNICATION

UNITED STATES PUBLIC HEALTH SERVICE.

Baltimore, Md., Dec. 31, 1919.

Editors New Orleans Medical and Surgical Journal,
New Orleans, La.

Dear Sirs:

I would invite your attention to a typographical error of some importance on pages 352 and 353 of the December number of the Journal:

The text is "Since the parasites in the mosquito live only the life of the host—say ten days—no interval greater than 10 days may elapse," etc. It should be *X* in place of "ten" and "10"—*X* representing any definite quantity. The mistake of your printer is excusable although I hate to be put in the position of saying that the life of an infected Stegomyia is only 10 days. Maybe *Z* had been a better letter to have used.

Very truly yours,
H. R. CARTER,
Assistant Surgeon General.

NEWS AND COMMENT

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for physicians on March 17, 1920, to fill vacancies in the Panama Canal Service. Both men and women, if qualified may enter this examination. Applicants must be unmarried; must have graduated from a recognized medical school whose graduates are eligible for commission in the United States Army; and must have had at least one year's postgraduate hospital experience. This examination is open to all citizens of the United States who meet the requirements. Applicants should at once apply for form 1312, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C., or to the Secretary of the United States Civil Service Board at New Orleans. Applications should be properly executed, including medical certificates, but excluding the county officer's certificate, and filed with the Commission at Washington, D. C., in time to arrange for the examination at the place selected by the applicant.

THE UNITED STATES CIVIL SERVICE COMMISSION announces an open competitive examination for dental mechanics on March 9, 1920. Both men and women, if qualified, may enter this examination. Applicants must have passed through the common-school grades, and have had at least one year's practical experience in dental mechanics in a commercial dental laboratory, or have received a certificate of completion of a satisfactory course of laboratory instruction from a standard dental mechanical laboratory organized for instruction purposes. Applicants should at once apply for Form 1800, and application should be properly executed, including the medical certificate, and must be filed with the Civil Service Commission, Washington, D. C., prior to the hour of closing business on March 9, 1920.

THE DENVER POST on February 3, announced that it would pay $25,000 to the physician finding a cure for influenza. The money is to be paid after the cure has been approved by the Rockefeller Foundation and Johns Hopkins University, Baltimore.

RUSSIA'S NEED OF SOAP.—The arch enemy of all Russia is the louse who is scourging the land with spotted fever and typhus. It is said that the only weapon that can be used against the louse is soap, and that must come from abroad. In all Russia the only soap available is a worthless imitation which does not clean the skin or garments. When the blockade is lifted the first cry to the outside world will be the demand for soap. The Bolsheviki will, it is stated, pay any price they have for soap and will trade off grain crops for credit to buy it. The peasants will extend credit to the soviet, supplying food on the promise that peace may soon be made with the entente and the blockade be lifted.

NATIONAL ACADEMY OF SCIENCES TO RECEIVE $5,000,000.—The Carnegie corporation of New York announces its intention to give $5,000,000 for the use of the National Academy of Sciences and the National Research Council. A portion of the money will be used to erect in Washington a home suitable to the dignity of the two beneficiary organizations. The remainder will be placed with the Academy, which enjoys a federal charter, to be used as a permanent endowment for the National Research Council. The council was organized in 1916 as a measure of national preparedness, and during the war confined its efforts to assisting the government in the solution of pressing war-time problems involving

scientific investigation. It has been reorganized since the war, and is now attempting to stimulate and promote scientific research in agriculture, medicine, and industry, and in every field of pure science.

NATIONAL ANESTHESIA RESEARCH SOCIETY.—Announcement is made of the launching of this society, the purpose of which will be the collecting of data and prosecuting original research in this field of medicine. The Research Committee, which will have supervision of original work and the editing of material designed for the profession and professional press, is headed by F. H. McMechan, A. M., M. D., of Avon Lake, Ohio. Invitations to join the society are being sent to representative anesthetists of the country, who have by research and progress in their field distinguished themselves.

MEETING OF THE AMERICAN SOCIETY FOR THE CONTROL OF CANCER.—The annual meeting of the American Society for the Control of Cancer was held at the Executive Office, New York City, at 4 P. M., November 15, 1919. Dr. Charles A. Powers of Denver, Colorado, was elected president.

BREATHING ROCK DUST.—According to a survey made by the Public Health Service at Niagara Falls, N. Y., announcement is made that over 200,000,000 tiny particles of dust, as sharp as ground glass, are breathed into the lungs and air passages with every cubic foot of air in some of the factories in the United States. It is stated that such dust breathed into the lungs is never expelled. Work under such conditions invites respiratory diseases and is hazardous to health. The investigation was made at Niagara Falls because manufacturing plants were engaged in producing abrasives, chemicals, gases, electrodes, carbons, metals and alloys. The laborers in all factories were found exposed to dangers which would eventually incapacitate them for further work. As a result of the survey industrial hygiene engineers have devised means for removing the dust from the air and minimizing the dangers from fumes and poisonous gases. Factory managements immediately put the devices into use regardless of the fact that installation was quite expensive.

SUPPLIES FOR ARMENIA.—The American Red Cross in response to a request from the Committee on Relief in the Near East has

donated emergency supplies for distribution in Armenia amounting to $1,600,000, which are now being shipped. 3,800 metric tons of supplies are in the cargo, which includes beds, bedding, hospital clothing and supplies, drugs, medicines, kitchen utensils, and many other articles, such as surgical dressings, yarn, wheel-chairs, soap and refugee clothing.

DR. HUGH S. CUMMING APPOINTED SURGEON GENERAL, U. S. PUBLIC HEALTH SERVICE.—Announcement has been received of the appointment of Dr. Hugh S. Cumming as Surgeon General, U. S. Public Health Service, to succeed Dr. Rupert Blue, whose term expired January 13. The new appointee was born at Hampton, Va., August 17, 1869 and was graduated as M. D., from the University of Virginia in 1893 and from the University College of Medicine, Richmond, Va., in 1894. Dr. Cumming was commissioned assistant surgeon May 25, 1894, and passed assistant surgeon five years later. On March 15, 1911, he was promoted to the rank of surgeon, and senior surgeon Nov. 8, 1918. On March 6, 1919 he was appointed assistant surgeon-general. His principal interest has been in the field of preventive medicine and quarantine. Prior to the war he was for some years stationed at the Hygienic Laboratory, Washington, and during the war was detailed for special duty with the Navy Department. He is at present on duty at Constantinople in connection with the campaign for the control of typhus fever.

BUREAU OF DISASTER PREPAREDNESS.—The American Red Cross has inaugurated a bureau of preparedness for the purpose of combining the resources of community, state and nation for immediate relief in cases of disaster. Records for the past fourteen years showing one disaster per month for each year makes preparedness a necessity. The object is to combine all resources so that when a disaster occurs in any locality the Red Cross will be instantly prepared to meet it.

NEW TOWER FOR MISSOURI UNIVERSITY.—Students and alumni of Missouri University are contributing funds for the erection of a tower to cost $500,000, which is intended as a memorial to the students and the alumni who served during the world war.

ACCORDING TO ST. LOUIS CITY OFFICIALS' REPORT the Marine Hospital in that city has outgrown its facilities to care for sick

soldiers, sailors and marines. An effort is being made to induce the United States Public Health Service to have a bill introduced in Congress to appropriate $1,500,000 to construct and equip a new marine hospital.

Monument to The Interns of Paris Hospital.—To perpetuate the memory of the interns and former interns of Paris who sacrificed their lives for their country during the world war, a monument bearing their names will be erected near the entrance of the Hotel-Dieu. Subscriptions for the monument are to be sent to M. Arnette, 2, rue Casimir-Delavigne. The Societe des hopitaux started the subscription list with 1,000 francs. A memorial service was recently held in honor of the deceased in the Catholic, Protestant and Jewish places of worship.

The American Public Health Baths, the gift of the American Red Cross, were recently opened in the village of Blamond, a suburb of Verdun. At first the villagers looked upon the project with skepticism, but when the shining tubs and showers were finally installed, the bath house immediately jumped into popular favor. A neighboring village now is soliciting funds for a similar establishment.

Personal.—Dr. Edmund McC. Connely has opened offices at 3439 Prytania St. Practice limited to neuro-psychiatry.

Removals.—Dr. Mayer Newhauser, from Alexandria to Shreveport, La.

Dr. J. C. Denman, from Franklinton to Ramsey, La.

Dr. H. W. Pritchett, from Danville, Va., to Cleveland, Ohio, Mt. Sinai Hospital.

Died.—On February 12, Dr. J. S. Thibaut, of New Orleans, aged 60 years, an ex-intern of the Charity Hospitl, who had been successfully engaged in banking for the last few years in Donaldsonville, La.

BOOK REVIEWS AND NOTICES

All new publications sent to the JOURNAL *will be appreciated and will invariably be promptly acknowledged under the heading of "Publications Received." While it will be the aim of the* JOURNAL *to review as many of the works accepted as possible, the editors will be guided by the space available and the merit of respective publications. The acceptance of a book implies no obligation to review.*

Symptoms of Visceral Disease. A study of the Vegetative Nervous System in its Relationship to Clinical Medicine, by Francis Marion Pottenger, A. M., M. D., LL. D., F. A. C. P. 8 vo. pp. 317. C. V. Mosby Co., St. Louis, 1919.

Dr. Pottenger's book is devoted entirely to a study of visceral innervation and visceral reflexes. He shows a scholarly information of the whole range of the subject and an equally ripe clinical judgment in the manner in which he indicates the importance of these reflexes in physical diagnosis. He does not ride his hobby too hard nor attribute undue value to their presence. Because of Dr. Pottenger's special interest in tuberculosis, his description of reflexes due to lung disease is of especial interest.

It seems to the reviewer that it would have been better to adopt the natural order of arranging the book as indicated in the preface, namely, to describe the vegetative nervous system first before discussing its relation to symptoms due to visceral disease and the more common viscerogenic reflexes.

In conclusion, hearty sympathy is expressed for the author's plea for the study of the body as a whole and the patient as well as the disease. "Disease cannot be divided into those of this and that organ; for the human body is a unit. One part cannot be diseased without affecting other parts. No organ can be understood except in its relationship to other organs and to the body as a whole." While acknowledging the great obligation of the clinician to the laboratory he insists rightly that bedside observation need not be and should not be less scientific and accurate than laboratory observation. "The superior man in the medicine of the future will not be the great laboratory worker, or the man who is known for his studies in metabolism, or the expert gastro-enterologist, or neurologist or surgeon or he who stands pre-eminently above his confreres in his knowledge of diseases of the heart and arterial system or of the lungs, but the man who recognizes the fact that the truths derived from all the sources of study and investigation must be interpreted as belonging to the human patient as a whole—in other words, the internist who appreciates the unity of medicine." That is a splendid spirit in which to write a monograph on a single field of medicine.

I. I. LEMANN.

Experimental Pharmacology, by Hugh McGuigan, Ph. D., M. D. Lea and Febiger, Philadelphia and New York.

McGuigan has attempted to present experimental pharmacology in a concise form and at the same time give the student an adequate vision of this important subject; however, his effort to boil down the vital sub-

ject of anesthesia to less than three small pages is certainly a mistake.

The simple technic of intratracheal insufflation is explained and as McGuigan says, "The introduction of the tube into the larynx is then a very simple matter" But on the next page, the writer gives the disadvantages of intratracheal insufflation as follows:

(1) "The introduction of a tube into the trachea requires some dexterity and practice, and (2) the apparatus available on the market used for keeping up intratracheal insufflation is expensive." Following this is a plea for the use of the Meltzer method of intrapharyngeal insufflation.

As is well known this method consists in placing the pharyngeal tube well back in the mouth and in then anchoring the tongue well forward; also in strapping a board tightly over the abdomen to prevent stomach inflation.

With a reasonable amount of skill it is not difficult to pass a tube into the trachea and the advantages of intra tracheal insufflation are well worth while,—the element of guess work is recovered—the stomach is not inflated and it is not necessary to pass a stomach tube in case operative procedure is indicated in the abdomen. The question of expense should not be considered when trying to save human life, and in these days when fire-police and emergency departments of hospitals are becoming experienced in methods of resuscitation, the intratracheal method should certainly be encouraged.

This book of laboratory methods is valuable and no doubt will be welcomed by teachers of Experimental Pharmacology.

F. P. CHILLINGWORTH.

Beverages and Their Adulteration. Origin, Composition, Manufacture, Natural, Artificial, Fermented, Distilled, Alkaloidal and Fruit Juices, by Harvey W. Wiley, M. D. P. Blakiston's Sons & Co., Philadelphia.

This volume is a companion to Dr. Wiley's book on "Foods and Their Adulterations;" it is most timely in that the last 200 pages are devoted to an exact and critical description of almost all types of alcoholic drinks including the Sazerac Cocktail and the Gin Fizz of Ramos.

The author recognizes that water is our chief beverage and has given this drink the place of honor in his book in the hope that it is coming into more general use. A description of coffee, tea, cocoa and chocolate is also included.

Dr. Wiley closes his preface with the following paragraph:

"Every endeavor has been made to secure accuracy of statments and data. The latter are taken chiefly from official sources. It should be understood that this book was not written for the scientific investigator, but for the average, sober-minded, reasonably well-educated American citizen, who is daily taking a greater and deeper interest in what he eats and drinks." CHILLINGWORTH.

Recherches Recentes sur les Icteres, by Dr. M. Brulé, ancien interne des hopitaux. Chef de Laboratoire a la Faculté de Médecine de Paris. Masson et Cie. Paris, 1919.

Brule's thesis is that most if not all jaundices are due to disease of the hepatic cells. Even where there exists obstruction in the bile

passages the liver cells suffer secondarily from the retention of bile and the ascending cholangitis, so that the patients often die with all the signs of hepatic insufficiency. Apart from this, many cases of icterus thought to be due to obstruction of the bile passages may be shown to be due to damaged liver function as evidenced by the dissociation of biliary retention. In such cases there occurs sometimes retention of bile pigment and not of bile salts, or vice versa. It frequently happens that in the same case bile salt retention will be present at one stage, bile pigment retention at another and retention of both bile salts and bile pigment at still another period. Such changes can be accounted for only by changing function of the liver cells. Brule has studied the urine and feces as to the presence of bile salts and bile pigments (thus indicating the retention vel non) not only in cases of frank icterus but also in affections of the liver without icterus and in various infections. He notes that in typhoid, biliary affections are observed more frequently than albuminuria and he concludes that this seems to show that typhoid fever affects the liver more than the kidneys. In the urine of nearly all the pneumonias observed, biliary salts, urobilin and urobilinogen were found in abundance during the whole course of the disease, to disappear the day of the crisis or several days later. This was especially marked in alcoholic patients and in those who had a prolonged pneumococcemia.

The book represents not only the original work of M. Brule and his collaborators but also a review of the French school of investigators along these lines. A few references are made to American, Japanese and German papers. The author's points are convincingly argued and his book makes profitable reading. It marks a worth while contribution to the study of disturbed function, which is the present and the future of internal medicine. I. I. LEMANN.

Atlas of Operative Gynecology, by Barton Cooke Hirst. J. B. Lippincott Co., Philadelphia and London.

This superbly illustrated volume of 300 pages is a credit to the author, who has occupied a leading position as a teacher of obstetrics and gynecology for many years, and is a model from the publisher's standpoint.

The average atlas is unwieldy, and therefore not convenient for ready reference, a point evidently appreciated by the author. It is convenient in size, contains numerous full page colored plates, and presents a graphic description of every operation in gynecology. The text has been subordinated to the illustrations, saving the reader time and lightening the burden of obtaining a grasp of the subject.

The special feature of the volume consists of the magnificent illustrations drawn by Mrs. P. P. Chase. We cannot recommend too highly this volume to the student or practitioner who desires to study in detail the technic of gynecological operations.

MILLER.

Gynoplastic Technology, by Arnold Sturmdorf, M. D., New York. F. A. Davis, Philadelphia, 1919.

This book, consisting of 335 pages, embodies an elaborated compilation of the author's previous publications on the various phases of plastic restoration of the injuries of the birth canal.

It contains numerous well executed drawings, half-tone, and photo-engravings, many of which are in colors, and displays in detail the technic of the various plastic operations. The text is concise, and impresses the reader with the author's attempt to eliminate obsolete principles in pelvic pathology and anatomy. A special feature of the text is the description and the illustrations of the operation of tracheloplasty, devised by Dr. Sturmdorf, and which has become popular in many clinics.

The book is valuable as a ready reference for the pelvic surgeon.

MILLER.

Plastic Surgery; Its Principles and Practice, by John Staige Davis, Ph. B., M. D., F. A. C. S. P. Blakiston's Son and Co., Phildaelphia.

The author in his preface claims that the time has come for the separation of plastic surgery from the general surgical tree. "There should be a well-trained plastic surgeon on the staff of every large general hospital, in order that these patients may be cared for intelligently." A glance over the large amount of material presented in this work will tend to convince the reader of the correctness of this view.

While claiming the rank of a separate specialty for plastic surgery, Davis treats the subject in such a way as to make his book valuable for those who cannot claim to be specialists in this line. The handling of wounds is given detailed attention. Those who care for the outdoor patient can learn from him how to cure the sore legs that mean so much to the numerous sufferers from this disabling affection.

Methods are presented as they have been practiced and improved in detail by a painstaking and thorough worker. His personal views are made known without reservation, while the work of others is generously recognized especially in tracing the development of technique.

The interesting statement is made that "except for the progress made in the treatment of recent wounds of the face (especially those associated with fractures and loss of substance of the jaws—which are seldom if ever referred to the plastic surgeon in civil practice) little or no advance has been made in plastic methods during the war."

All phases of plastics are considered in detail. Descriptions are usually clear. Bibliography is exceptionally full. A minor defect that mars the perfection of the work is the construction of sentences, which at times is quite faulty, as when a dependent clause is made to constitute a separate sentence.

Taken as a whole the work is a very valuable up-to-date presentation of an important and somewhat slighted branch of surgery.

HERMAN B. GESSNER.

Bacteria and Protozoa:—By Herbert Fox, M. D. Lea & Febiger, Philadelphia and New York, 1919.

Within the past few years, there has been an increasing demand for a text-book on Bacteriology and Protozoology suitable for the use of college students, public health and other nurses, laboratory technicians, and laymen in general.

Dr. Fox has met this demand in his little book "Bacteria and Protozoa." The author has very simply and clearly described the relationship existing between microorganisms and disease. Emphasis

has been laid upon how bacteria pass from individual to individual, how they enter the body, and how they act once within, and their manner of exit.

Several pages of the book are devoted to the history, morphology, and general food requirements of bacteria, others describe the methods of sterilization by heat and the destruction of bacteria by chemicals. One chapter is devoted to the methods of producing specimens for examination. Mention is made of the various diseases of unknown etiology and reference to the recent work of Noguchi on yellow fever is included.

The book is certain to prove a very useful one for the student who is looking for facts regarding the relationship of bacteria to disease. ELIZABETH BASS.

Pulmonary Tuberculosis, by Maurice Fishberg, M. D. Lea & Febinger, New York, 1919.

This book presents to the general practitioner, interesting and instructive discussions relative to the infection, prevention, diagnosis, prognosis and treatment of tuberculosis.

The author gives his experience and expresses his views upon the various topics discussed. Although we cannot agree with all he says, some points are well taken and will prove to be very entertaining to the unprejudiced reader.

In this new edition many chapters have been revised, and new chapters on tuberculosis of the pleura, and on artificial pneumothorax have been added.

The differential diagnosis of tuberculosis is elaborately discussed in a separate chapter, and several plates illustrating the pathology of pulmonary tuberculosis, all drawn from specimens obtained at necropsies under the author's care, have been added together with many radiographic plates.

Relative to the utility of tuberculin treatment, the author states: "It cannot, however, be denied that some good results have been obtained with tuberculin treatment." "That there is no record in medical literature that any investigator has succeeded in curing or benefiting a tuberculous animal with tuberculin treatment."

The treatment recommended in this book is based on experience with patients in New York City. DUREL.

Tuberculosis of the Lymphatic System, by Walter Bradford Metcalf, M. D. The Macmillian Company, New York, 1919.

In the past years, glandular tuberculosis was thought to be of very little clinical significance, and was but casually mentioned in our text-books.

Today, however, phthisiologists recognize this condition as a serious infection, and one requiring an early diagnosis and aggressive treatment.

In this very practical essay, the author discusses the clinical phases of glandular tuberculosis, especially as it occures in children. He specifically asserts that "Hilus Tuberculosis is an established entity, and that tuberculosis of the bronchial glands is the result of childhood infection, and undoubtedly the most common source of adult pulmonary tuberculosis.

"The profession is just awakening to the fact that pulmonary tuberculosis of the adult can be prevented by proper prophylactic methods during childhood."

This timely and most elaborate book should occupy a conspicuous place in every physician's library. The subject is introduced with clearly defined general anatomical considerations and anatomical resume of the most important glandular chains and areas of the lymphatic drainage of the head and neck.

The physiological considerations of the lymphatic system are particularly well defined.

The chapters relative to the etiology, pathology, bacteriology, clinical diagnosis and specific diagnostic methods of tuberculosis of the bronchial, cervical, mesenteric and other lymph glands, convince the most astute critic that "glandular tuberculosis plays a most important 'role' in the prophylaxis and symptomatology of tuberculosis."

The rest, diet, open-air, X-ray treatments,—heliotherapy, and especially the use of tuberculin are discussed in an unbiased and practical way.

DUREL.

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W. B. SAUNDERS COMPANY, Philadelphia and London, 1920.

The Family and the New Democracy, by Anna M. Galbraith, M. D.

Modern Surgery, by John Chalmers Da Costa, M. D., L. L. D., F. A. C. S., 8th Ed.

C. V. MOSBY COMPANY, St. Louis, 1919.

Syphilis, by Henry H. Hazen, A. B., M. D.

THE MACMILLAN COMPANY, New York, 1920.

Disease of Nutrition and Infant Feeding, by John Lovett Morse, A. M., M. D., and Fritz B. Talbot, A. B., M. D., 2nd edition revised.

P. BLAKISTON'S SON & COMPANY, 1920.

The Nose and Olfactory Organ, by J. Parsons Schaeffer, A. M., M. D., Ph. D.

FORBES & COMPANY, Chicago, 1919.

The Woman of Forty, by E. B. Lowry, M. D.

WORLD BOOK COMPANY, New York, 1920.

Food for the Sick and the Well, by Margaret J. Thompson, R. N.

WASHINGTON GOVERNMENT PRINTING OFFICE, Washington D. C.

Public Health Reports, Volume 35, Numbers 1, 2, 3, 4, 5.

Index Public Health Reports, Volume 33, Part 2, Numbers 27-52, July-December, 1918.

MISCELLANEOUS:

Dr. Crawford W. Long, the Distinguished Physician-Pharmacist, by Jos. Jacobs, Phar. D., Atlanta, Ga., 1919.

The Effect of an Injection of Mallein on the Serum Diagnosis of Glanders, by J. Basil Buxton, F. R. C. V. S., D. V. H.

The Effect of Repeated Bleedings on the Blood Constituents of Immunised Horses, by R. A. O'Brien, M. D.

MORTUARY REPORT OF NEW ORLEANS.

Computed from the Monthly Report of the Board of Health of the City of New Orleans, for January, 1920.

CAUSE.	White.	Colored.	Total.
Typhoid Fever	1		1
Intermittent Fever (Malarial Cachexia)	1		1
Smallpox	5	6	11
Measles			
Scarlet Fever			
Whooping Cough			
Diphtheria and Croup	2		2
Influenza	13	6	19
Cholera Nostras			
Pyemia and Septicemia	2		2
Tuberculosis	34	37	71
Cancer	27	9	36
Rheumatism and Gout			
Diabetes	5	1	6
Alcoholism			
Encephalitis and Meningitis	2	5	7
Locomotor Ataxia			
Congestion, Hemorrhage and Softening of Brain	19	15	34
Paralysis	7	2	9
Convulsions of Infancy			
Other Diseases of Infancy	15	9	24
Tetanus	1		1
Other Nervous Diseases	6	1	7
Heart Diseases	67	35	102
Bronchitis	3	1	4
Pneumonia and Broncho-Pneumonia	60	42	102
Other Respiratory Diseases	5	1	6
Ulcer of Stomach	1	2	3
Other Diseases of the Stomach	4	1	5
Diarrhea, Dysentery and Enteritis	14	11	25
Hernia, Intestinal Obstruction	4	1	5
Cirrhosis of Liver	6	3	9
Other Diseases of the Liver	2	3	5
Simple Peritonitis		1	1
Appendicitis	3	2	5
Bright's Disease	22	16	38
Other Genito-Urinary Diseases	10	8	18
Puerperal Diseases	8	4	12
Senile Debility	3	5	8
Suicide	3	1	4
Injuries	17	13	30
All Other Causes	23	23	46
TOTAL	395	264	659

Still-born Children—White, 15; colored, 21; total, 36.

Population of City (estimated)—White, 290,000; colored, 110,000; total, 400,000.

Death Rate per 1000 per annum for Month—White, 16.36; colored, 28.73; total, 19.75. Non-Residents excluded, 16.93.

METEOROLOGIC SUMMARY (U. S. Weather Bureau).

Mean atmospheric pressure..... 30.18

Mean temperature..... 56

Total precipitation..... 5.66 inches

Prevailing direction of wind, northeast.